

Commission to Study Mental & Behavioral Health

Greater Washington
Montgomery College

July 31, 2019

4:30PM

Meeting Minutes

I. Call to order:

Lieutenant Governor Rutherford called to order the third regional meeting of the Commission to Study Mental and Behavioral Health in Montgomery County at 4:30PM.

II. Roll Call/Attendees:

Commission Members: Lt. Governor Rutherford, Senator Adelaide Eckardt, Secretary Robert Neall, Acting Deputy Secretary Lisa Burgess, Commissioner Al Redmer, Director Steve Schuh, Major Roland Butler, Patricia Miedusiewski, Serena Eckwood, Dennis Schrader, Barbara Allen, Dr. Bhaskara Tripuraneni, Cari Cho, Dr. Randy Nero

Designees: Secretary Lourdes Padilla

Absent: Richard Abbott, Christian Miele & Delegate Robbyn Lewis

III. New Business:

- a) Lt. Governor welcoming remarks
- b) Member introductions – Please see Meeting Minutes for March 19, 2019
- c) May 29, 2019 Meeting Minute Approval – Approved
- d) Submission of the interim report and areas of attention
 - Update of subcommittees
 - Reciprocity – particularly with counselors and therapists
 - (i) The lack of creates a challenge with some of our providers on the substance abuse and mental health side as well as attracting professionals that may be licensed in another state.
 - Definition for emergency facility as defined for individuals in crisis – right now in our health regulations, the definition or interpretation has been an emergency facility is an emergency room or emergency department.
 - (i) Individuals in crisis need to be evaluated at an emergency facility but if there is a nurse practitioner at a stabilization center they could be evaluated there instead of backing up the ER

- Parody between behavioral and physical health – making sure our insurance carriers are abiding by the Mental Health & Addiction Equity Act.

e) Terminology & Consistency

- Mental Health v. Mental Illness v. Substance Use Disorder or Behavioral Health
- Introduction of OOC Chart
 - (i) Human Health which consist of physical health and behavioral health
 1. Physical health
 - a. Not positive or negative
 - b. Either physically healthy or physically impaired or ill
 2. Behavioral health
 - a. Mental health dimensions to behavioral health
 - b. Substance use dimension to behavioral health
 - c. Most people understand behavioral health to include both traditional mental health as well substance use issues
 - i. Mental health – a person can be mentally healthy or mentally ill
 - ii. Substance use status – there are people that use substances but are non-problematic and there are some that use substances in a problematic way but not all of them have substance use disorder.
 - Problematic substance users – two populations
 - Non Substance Use Disorders
 - Substance Use Disorders

f) Commission Member Comments on the Chart:

- Senator Eckardt – Behavioral health is a term that brought together mental health and substance use disorder.
 - (i) There is serious and persistent mental illness and then you have chronic and habitual addiction but everyone terms it as mental health. If we are preventing mental illness and promoting mental health we should know the clarification.
- Dr. Lisa Burgess – Health is ever evolving
 - (i) This is a great framework. The document allows us to look at the connection physical health and behavioral health. I have drawn a triangle between human, physical and behavioral health

- Dr. Tripuraneni – Dual Diagnosis System is a mental health term commonly when there is an overlap – 30-50% of patients tend to have mental health and substance abuse and I would like to add a bidirectional arrow between the two.
- Barbara Allen – Preexisting conditions should be considered when giving treatment.
- Deborah Nelson – There are certain social determinants that really play into which of these categories that you fall into and it can shift day-to-day.

g) Subcommittee Updates:

- Crisis Services – Director Steve Schuh
 - (i) Next meeting tomorrow, Frederick, 12 E. Church St. 9:30am. We will be hearing a presentation from Baltimore City and their Crisis Response System.
 - (i) Lt. Governor – There is an issue of transportation and so that may be something we need to think about; people getting to and from facilities. Maybe working with law enforcement.
- Youth & Families – Secretary Lourdes Padilia
 - (i) Met on June 26 and revisited the 3 focus areas:
 1. K-12 Education
 2. Caregivers & Families
 3. Mental Health Coordinators
 - (ii) Other focus areas we want to include:
 1. Need to increase awareness and services for individuals from birth -5 YO who may be experiencing or witnessing a family member with behavioral health issues
 2. Mental health coordinator designee for schools
 - a. How it has been working
 - b. What does it look like
 - c. How can it be improved
 3. Transitional age group – 18-26
 - a. Very important with adults that are facing issues
 4. Services for youths in the justice system
 5. Suicide Prevention and social media impact
- Finance & Funding – Commissioner Al Redmer
 - (i) Met twice since last full meeting
 - (ii) We have received and began analyzing the Second Annual Network Adequacy Reports from commercial carriers in MD
 1. First impressions:

- a. General trend in improvement in behavioral health networks but reports were inadequate and did not provide basic information required by regulations
 - b. Most reported non-compliance with wait time standards
- (ii) Next steps:
 - a. Follow up with carriers to obtain missing information and do analysis of their methodology to make sure information contained is accurate
- (iii) We received feedback on credentialing issues that behavioral health facilities are experiencing with commercial carriers
- (iv) System of Care
 - 1. Improve service and outcomes
 - a. Focus on quality
- (ii) Approved the new administrative services organization at the last BPW.
- Public Safety – Randall Nero
 - (i) Focus on policies and first responders
 - 1. Identification of individuals with behavioral health issues
 - 2. Recommendations:
 - a. Utilize the sequential intercept model as a mean to develop mapping of resources across the state
 - b. Provide standardize training to law enforcement, corrections, juvenile services and the courts
 - c. Civic partners that currently exist in the community
 - d. Develop a data collection system that would demonstrate effectiveness and decision making.

IV. Elected Officials:

- h) Marc Elrich – Montgomery County Executive
 - The question is, how do we pay for the reasonable way forward, I would suggest that behavioral health issues are as important as dealing with education issues. I hope in the long run we get to tackle the financial challenge.
 - I have spoken to some high school students with levels of depression that I have never seen. I heard stories about students having to leave in ambulances and staying days at the hospitals. We don't have the counselors and psychologist that we need in schools.
 - The community has been expressing concern with the growing number of homelessness here and the negative impact on businesses and residences. They have asked for treatment and help for these people. We need the resources and programs to help them. 1/3 of the people in our jail presents

mental health issues; they don't belong there. The resources that we spend to put people in jail could be used for mental health.

- We need more support for police crisis teams.
- I encourage you to work on plans that will help us address these issues in the community. This is a bipartisan problem.

Lt. Governor – We are looking at the details for how to move forward before we throw money. There are places where we do need additional resources but this is well past due. Deinstitutionalization in the 60s didn't have the warm hand off for where people should go which has brought us to now with the homeless situation and jails. The Baltimore City new jail, 40-50% of the beds will be for people with mental and substance use disorder. So we are working to come up with a plan and resources to implement those plans.

i) Craig Rice – Councilman, Chair of Education Committee for Montgomery County and MACo

- Increase of absenteeism in Montgomery County is related to mental health days.

Lt. Governor – Article on Oregon and Mental Health Days; I had a different idea where I thought the mental health days should be included in sick days and not classify that it is a mental health day. Maybe another alternative: the school can implement mental health exercises; for example, simple math for the first half hour.

Senator Eckhardt – During a school visit, I watched how the teachers in the beginning of the day would get the children together indian-style in a circle and they would just have a discussion about the day. This was a very creative way to rest their minds.

j) Gabriel Acevero – Delegate, District 39, Montgomery County

- I am here to listen and learn. We have come a long way from the Maryland Department of Health and Mental Hygiene; it was important that we changed the name as well as the way we view and interact and serve those that may have mental health issues. That we do not see them as individuals that are broken or who are in any way unclean as the term “mental hygiene” used to suggest. These are the Marylanders that need support from institutions and communities.

V. Public Comments:k) Arthur Ginsberg – President & CEO of CRI

- CRI is a non-profit behavioral health provider in Anne Arundel, Baltimore and Montgomery Counties. We serve publicly funded Medicaid patients. I encourage this Commission to tackle comprehensive reform making the investment needed to make a strong, accessible behavioral health system. The Certified Community Behavioral Health Clinic (CCBHC) model embodies investments needed in MD. They ensure that access to treatment is available at times & places convenient for those served, prompt intake and engagement in services, post follow up, access regardless of ability to pay and residence and crisis management services provided 24 hours/day. With a CCBHC level investment in creating a stronger more transparent accountable system, MD's community health providers will be able to reduce hospital admissions, reduce re-admissions and reduce emergency department utilization. I urge this Commission to include comprehensive solutions like CCBHCs in your recommendations. Thank you.

Cari Cho – Right now in Maryland, there are not any CCBHCs. There are two providers that have funding from the feds to potentially become CCBHCs.

- Mosaic & Cornerstone Montgomery, but the model requires that people can walk in and be seen immediately. In regards to the police, in Oklahoma, there is a CCBHC that has an arrangement with the police and every car has a tablet that can link them to a provider to do an assessment on scene.

Lt. Governor – How much is the funding for MD facilities?

Cari Cho – You can request up to \$2 million a year for 2 years, Cornerstone Montgomery got about \$3.7 million, I am not sure what Mosaic got.

b) Shannon Hall – Executive Director of the Community Behavioral Health Association of Maryland (CBH)

- CBH represents community based mental health and substance use providers across MD. We work to promote access to behavioral health services and improve the quality of services. I met earlier today with Behavioral Health Partners of Frederick, one of the largest out-patient mental health clinics in MD. They serve 5000 patients every year in Frederick and surrounding areas. They have a partnership with Frederick Memorial Hospital to provide rapid admission to folks discharged from the hospital with behavioral health needs. I asked the CEO, what keeps you up

at night. He answered that he can't meet the demand for mental health and substance abuse services in Frederick. The barriers are:

- (i) Referrals from the hospital regardless of payer
 1. Hospitals are on an all payer system, our community behavioral Health System is not.
- (ii) On Medicaid side – we haven't operationalized integration in a concrete way. They are licensed as a behavioral health clinic, they are serving people coming to them with substance use needs and they need to get a separate license to do integrative care. We need to continue focus on that our regulatory and licensing process supports the clinical product that we want and need.

c) Marty Burnbomb – Pathways licensed clinical social worker

- Terminology is a great place to start – once your mental health issue or substance abuse issue has progressed to a problem and you become diagnosed, you are diagnosed from the same DSM, so what happens after that is it splits?
- Workforce – peer counselors are great but they are not licensed; we need some kind of credentialing.
- Deinstitutionalization – This was supposed to create a network of care to be treated in your own community and that failure from 50 years ago has led us here.
- You have an opportunity to look at the co-occurring disorders; now is the time to develop a system to illustrate the overlapping.
- Medical necessity – someone suffering from opioid withdrawal doesn't have seizure risk so there is no medical necessity; we suggest that an assessment include history of overdoses as a questions so that they can meet medical necessity.
- Keep the Door Open Act which ruled into The Hope Act. Substance use programs, in July, the new rates came out and none of the level three programs are included in that rate increase. This is the 3rd year in a row, and the Hope acts says that they should have be increased.

d) Dr. Laura Willing – Child/Adolescent Psychiatrist, D.C.

- Emergency Room Boarding Crisis – not enough beds, we have 0-88 children boarding in the ER waiting for a bed each month. FY19 – 492 total Children boarders
- In patient unit – 463 children admitted to child psychiatry & 586 admitted to the adolescent unit
- 30-35% of those patients are from MD

- Approximately 900 patients, 45% of those are from MD
- D.C. waitlist is 2-6 months
- Mental Health Parody is part of this solution
- We need adequate networks and reimbursement
- More resources for children needing care in MD: residential, outpatient, inpatient & therapy
- Improving transparency would be important

l) Dr. Raymond Crowel – Director of Health and Human Services, Montgomery County

- Kirwan and K-12 is an interest of mine. I think that to the extent that we can integrate the work of behavioral health across the state with what is happening with Kirwan.
- Transitional age youth – we have a process of youth becoming disconnected; that process starts with disengagement in our schools
- Staffing – we have a real shortage. The cost of education is skyrocketed. The math of the salary for a social worker versus private work causes a declining interest. We need a pipeline process, maybe loan forgiveness or incentives for those in community colleges. We have a diversity issue as well. People that can afford an education do not represent the diversity of the Country.

m) Eline Kayhill – Holy Cross, Silverspring MD

- Workforce issue & disconnect between psychologist and therapist.
- Increasing bed capacity for adolescence and adults I do advocacy for Holy Cross and working in health care, I get a lot of calls from friends and family suffering from mental health asking for help. I hear about their journeys and most of these are waiting for beds, or going to a facility that is at capacity so they are traveling to Hagerstown or D.C. for care.
- We need to talk about senior citizens facing social isolation and we need to pay attention to those that are aging in place and in their homes; how we integrate them in their communities.

e) Kent Alfred – Systems Director for Behavioral Health at University of MD Capital Region Health

- UMD Capital Region at Prince Georges – 32 bed inpatient unit and it is broken down for patients with high acuity; about half of those are brought in through emergency petition. Our emergency rooms are being overrun; on Friday and Sunday we are having surges of patients. We try to work fast to

evaluate and make sure they are getting treated but we don't have the resources. Adolescents will be in our ER for days waiting for a bed. We have to provide 1:1s to everyone who has acute suicidal ideation.

- We are asking for:
 - (i) A psych urgent care for those who may not need acute level treatment.
 - (ii) An ACT team that could follow the individual in the community instead of using the ER as a location.
 - (iii) Safe place for our minors; our adolescence sit in this ER seeing all the other trauma around them.
 - (iv) Safe discharge for our patients.

f) Dawn O'Cronin – Co-Chair for Prevention Subcommittee for Active Assailant Interdisciplinary Work Group

- Law Enforcement units that have crisis intervention teams are not able to make sure those citizens do not end up back on the streets.
- On the school side, the 24 mental health services coordinators that each school local system had to have in place by last school year; the Center for School Safety is hosting monthly meetings with them to find out challenges and issues are.
- Safe to Learn Act of 2018 requires a 40 hour model school resource officer and school security employee curriculum, that all of the schools must be trained in prior to September 1, 2019.

g) Christina Calendar – Mother of an adult with a mental health and addiction issue

- Inconsistency with health facilities
- Can we get a parental committee together and present those problems that parents see and bring it to the Commission?
- I was in an ER and my child wanted to go to a rehab and they told me to call back at 9am the next day.
- I want to be able to bring these problems to light

Lt. Governor – Youth and Family Subcommittee, includes adult family members. The Crisis Services Subcommittee is looking at the facilities that are 24/7 and where the gaps are. We will need funding to make sure it is utilized and going to the right places. I encourage you to look at the subcommittees that we have.

VI. Closing Remarks:

Lt. Governor – thank you for coming out. Look at our website for future meeting notices. Please note there is an email to contact the commission:

MBH.Commission@maryland.gov.

<https://governor.maryland.gov/ltgovernor/commission-to-study-mental-and-behavioral-health-in-maryland/>

VII. Next Meeting:

Western Maryland –
Hagerstown Community College
Wednesday, October 23, 2019
4:30PM

VIII. Adjournment:

Lieutenant Governor Rutherford adjourned the meeting at 6:30PM.